

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number Q77525																			
<b>FY 2009</b>		Confirmation Number 4308																			
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																					
Application Number   10/664,865		Filing Date   September 22, 2003																			
For   AN IMPROVED AIR-CONDITIONED EQUIPMENT CABINET, IN PARTICULAR FOR TELEPHONY																					
Art Unit   3749		Examiner Name   Samantha A. MILLER																			
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b>																					
<b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;"><u>Fee</u></th> <th style="width: 25%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$150.00</td> <td style="text-align: center;">\$75.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$560.00</td> <td style="text-align: center;">\$280.00</td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1270.00</td> <td style="text-align: center;">\$635.00</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1980.00</td> <td style="text-align: center;">\$990.00</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2690.00</td> <td style="text-align: center;">\$1345.00</td> </tr> </tbody> </table>					<u>Fee</u>	<u>Small Entity Fee</u>	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150.00	\$75.00	<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$560.00	\$280.00	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1270.00	\$635.00	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1980.00	\$990.00	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2690.00	\$1345.00
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<input type="checkbox"/> Previous Payment Amount      Date Submitted _____																					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																					
<input type="checkbox"/> A check in the amount of the fee is enclosed.																					
<input checked="" type="checkbox"/> Payment by credit card.																					
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.																					
I am the <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 85%;">applicant/inventor</td> </tr> <tr> <td><input type="checkbox"/></td> <td>assignee of record of the entire interest. See 37 CFR 3.71.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>attorney or agent of record. Registration Number <u>53,825</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>attorney or agent under 37 CFR 1.34.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Registration number if acting under 37 CFR 1.34</td> </tr> </table>				<input type="checkbox"/>	applicant/inventor	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>53,825</u>	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34						
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WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER																					
/ Marina V. Zalevsky / Signature		October 25, 2011 Date																			
Marina V. Zalevsky Typed or printed name		(202) 293-7060 Telephone Number																			
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																					
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.																					